

# IMPROVING CANCER SERVICES IN WALES TOOLKIT

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

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# ABOUT THIS MANUAL

This manual is for volunteer facilitators who have completed the Improving Cancer Services facilitator training with Macmillan Cancer Support. It has been developed to help you support people interested in user involvement activities in your local area and national campaigns, so that they can use their experience to improve cancer services for all.

The sessions are self-contained units and so can be run individually; you can also combine these if you want to run longer sessions. It is suggested that the sessions are run in order. Timings are suggestions only. Any suggestions made within the toolkit are intended to support information gathering from the group and are not intended to be exhaustive lists.

When someone with an experience of cancer decides that they want to get involved with improving cancer services they may find aspects of the involvement emotionally challenging. When running these exercises you should encourage people to be aware about the ways in which their cancer experience may have affected them and may still affect them emotionally. This should help them move towards using their own experience to improve cancer services.

## For further support and information

If you need more support, information or guidance, please contact:



30 minutes



# INTRODUCTION TO USER INVOLVEMENT

## Summary

Introduction to user involvement

## Objectives

By the end of this session, group members will be able to:

- Define clearly what user involvement is.
- Provide an overview of how user involvement influences change.

## Session equipment/materials

Flipchart and marker pens

Post-it notes

Handouts – User Involvement Definition

## Key learning point – user involvement will mean different things to different people

## Group discussion

Ask each group member to introduce themselves and ask them what has brought them here today and what they would like to learn, noting their responses on the flipchart.

Ask the group what they think user involvement is (or isn't), noting key words on the flipchart.

## Activity in pairs

Ask the pairs to think of key words or a short statement (using no more than five words) about what user involvement means to them and to write this down on the Post-it notes – these should then be stuck onto a wall or on the flipchart stand for all to see.

Highlight the following:

## User involvement is not:

- 'us' versus 'them' – it's about how we can all work together for the best outcome
- another avenue to complain. There are specific channels of communication for complaints
- a chance to tell your story to as many people as possible. It's about how to learn from your story and affect change.



### Group discussion

Give out the handout 'User Involvement Definition', asking group members to read out different sections. Ask the group if they have any comments to make at each stage.

Going back to the Post-it notes, identify which areas of involvement Macmillan can directly support people with.

**Note** – you may need to provide specific information with examples of local and national Macmillan initiatives that participants could get involved with.

### Outcome

Group members will understand what is meant by the term 'user involvement'.

## USER INVOLVEMENT



### Handout

#### Macmillan's definition of user involvement:

User involvement is the role that people affected by cancer can play in improving support and care for others. To Macmillan, these individuals are experts about their own unique experience. They can give cancer services their time, dedication, knowledge, empathy and enthusiasm.

#### User-involvement.org.uk says:

When we talk about user involvement, we mean the active involvement of service users in a voluntary organisation, not their passive involvement as recipients of services or information. Involving is often described as doing things with or by people, rather than for or to them.

'Involvement' covers a range of activities, from consulting service users and carers about their views or wishes, through to working in partnership with them to develop projects or services, right up to service users or carers leading projects, services or organisations.

**Taken from [user-involvement.org.uk/about.php](http://user-involvement.org.uk/about.php)**

#### User involvement is not:

- It is not 'Us' versus 'them'
- Not another avenue to complain. There are specific channels of communication for complaints.
- It is not a chance to tell your story to as many people as possible. It's about how to learn from your story and affect change.

Research suggests that good practice is 'to establish a service user/carer group for people with all life-limiting conditions with the dual aims of support and lobbying'.

**From Reflections and Projections: Service User Involvement in Palliative Care Research, Disability Studies: Putting Theory into Practice. Lancaster, July 2004**

# HOW USERS CAN MAKE A DIFFERENCE



30 minutes

## Summary

Demonstrating real-life examples of successful user involvement activity

## Objectives

By the end of this session, group members will be able to:

- Recognise issues to which they could contribute their experience and expertise in order to make a change.

## Session equipment/materials

Flipchart and marker pens

Paper (A4) and pens

Handout – Real-life User Involvement Case Studies

**Key learning point – people using their experience have made a difference to cancer services for the benefit of all**

## Group discussion

Give out the case studies handout and ask two volunteers to read out (word for word) the two case studies. Ask the group to discuss the following:

How did the person in the case study try to improve cancer services?

What did the person gain in return from the experience?

How was the person supported?

How did the person support Macmillan's work?

What barriers did the person face and how did they overcome them?



## Activity in pairs

Distribute blank paper amongst the pairs. Ask participants to talk about their experience of cancer (either their own or a person whom they have cared for) and to identify any aspect of their cancer care that they think could be improved / extended / promoted – this should then be noted down on the paper. If a participant knows of a person or group or have themselves been involved in making a difference, this can also be noted down.

**Note** – these examples will need to be saved for the next sessions.



## Group feedback

Ask participants to feedback what they have written down. Discuss with the group what they can learn from their own experience or from others about user involvement.

**Putting into practice** – ask participants to think about how what they have learnt could be applied in practice in their local area.

## Outcome

Group members will become aware that user involvement is happening around the country and that it can make a big difference to the cancer services experienced by other people.

# REAL LIFE USER INVOLVEMENT CASE STUDIES



## Handout

While reading these case studies, please think about the following:

1. How did the person in the case study try to improve cancer services
2. What did the person gain in return from the experience?
3. How was the person supported by Macmillan?
4. How did the person support Macmillan's work?
5. What barriers did the person face and how did they overcome them?

### Case study one

'I have had breast cancer, cervical cancer, bowel cancer and uterine cancer. I am also a carrier of a hereditary genetic condition called Lynch syndrome.'<sup>\*</sup>

(\*A person who carries the dominant gene for Lynch syndrome has a higher risk of colon cancer.)

Reason for getting involved:

'The Macmillan nurses did a superb job and I wanted to find some way of saying thank you.'

The following bullet points describe different ways this woman used her experience of cancer to improve cancer services:

- 'I wasn't even aware that prescriptions were free until I got involved with Macmillan. I've not seen any notices about it anywhere, not even at my GP surgery. I printed out the poster from the Macmillan website and took it to my GP.'
- She then had to argue strongly to get her drugs for free from her GP as the GP didn't think she was entitled to them. "I had to really fight. If I was not a strong character, I would have backed down". She gave this story to Macmillan and it was picked up by the BBC and published on their website.
- She spoke as a Cancer Voice on survivorship at a Westminster Parliamentary reception and also at a Labour party conference meeting in Brighton. She spoke to politicians to help them understand the needs of cancer patients, in particular those who have survived cancer treatment. A member of staff from Macmillan who worked with her said that speaking at these events 'gave her a real confidence boost.'

### Case study two

Reason for getting involved:

- 'In my own particular case, when I was diagnosed, I was given no information about prostate cancer. Most men when they're diagnosed are given a leaflet. I was not even referred to a specialist nurse. I understand that 60% of men across the UK do not have that referral. I think if you have breast cancer you're much more likely to get a referral. Prostate cancer does seem to be much more behind the times. I do get the impression people think that somehow, because it's men, they don't need the same kind of support.'
- 'When faced with a choice of therapies, I would have given anything to talk to other men who had been through the same experience.'
- 'I was inspired to set up a local prostate cancer support group because of the shortcomings of my own hospital and the absence any support group for men with prostate cancer in my local area.'

The following bullet points describe different ways this man used his experience of cancer to improve cancer services:

- In response to his experience, this man decided to set up a prostate cancer support group for his area. He said that a Macmillan Nurse "offered advice about setting up a support group" and helped him get a grant from Macmillan to do this.
- Last year he agreed to tell part of my story as one of a collection of stories by six people (five cancer patients and one partner) who had survived cancer. 'Setting up the Prostate Cancer Support group is a continuation of my own cancer journey.'
- 'We're quite different to most support groups as they are usually small and based around a hospital, probably the place where meetings are held. We cover a big area – we cover three counties, plus Swansea, Neath, Port Talbot and Bridgend, which is a huge area for one support group. That covers two different health trusts.'
- 'I'm getting a couple of calls a week now, while when we first started it was once a month. So our group looks like it'll be expanding very quickly from now on. We've had one Macmillan Grant and are applying for another. The first grant went towards basic things like promotion – leaflets, posters – and postage. The second grant is for a laptop for the group.'

# WAYS OF GETTING INVOLVED



45 minutes

## Summary

An overview of the many pathways an individual can choose to influence change for the better

## Objectives

By the end of this session, participants will be able to:

- Have a basic understanding of the range of opportunities for involvement within Macmillan, the NHS and beyond.
- Give basic skills and information to assist individuals in finding out further information themselves.

## Session equipment/materials

Flipchart and marker pens  
Handouts – Ways of being involved

**Key learning point – user involvement can involve a wide range of organisations**



## Group discussion

Give out and talk through the 'Ways of being involved' handout. Use the example of how Macmillan lobbied for free prescriptions to show how sometimes more than one way of getting involved is needed (the handout 'different tactics' explains how Macmillan used public campaigning to influence the government's decision).

Ask if group members have had personal experience of being involved in change. If so, discuss which 'stops' on the map they used and if not, refer back to the case studies.



**Activity in pairs** (ideally with someone they have not worked with before or someone with a similar goal to them, such as starting a support group). Using the issue identified in the 'How users make a difference' session, discuss the different ways that they could influence this issue and/or where to find out more information. Useful questions to consider could include:

- Is this something that NHS user involvement could change?
- Is this something that your MP or local government could get involved with?
- Is this something that you could take to a user group?
- Would the local Citizens Advice Bureau take this up as a social policy issue?
- Are some pathways more appropriate than others (and if so, why?)



## Group Feedback

Ask group members to feedback on what they have discussed. Summarise group learning with the following points:

- There are many different pathways to reach your goal.
- You need to choose the one that is most appropriate for you.
- Sometimes it is necessary to try more than one way.
- Changes can be made locally, nationally or internationally.
- Campaigns can be big or small. They all make a difference.

**Putting into practice** – ask participants to think about at least one action they could take to start addressing the issue that they have identified.

## Outcome

Group members will recognise there are a wide range of different organisations that could assist them, and many different ways to influence change for the better.

**Using the Ways of getting involved diagram (see over page)**

## About the diagram

This is an attempt to visualise all the ways that you can get involved with improving cancer services.

Although it may look like a map, there is no right or wrong way to try things. It's just a way of grouping all the places you can get involved and showing how they work together.

## How to use it

First of all, don't panic! It's quite simple. Everything on a **green line** is where Macmillan runs a service where you can get involved in improving it. Everything on a **blue line** is where the National Health Service runs a service you can get involved in improving. The **red line** represents the internet. While many services will have corresponding websites, the grey line indicates where there are specific online tools or services to help you get involved and make a difference.

The interchanges **O** are good starting points. They represent places you can go to that might be able to help you find your next best step. For example the Macmillan involvement co-ordinator interchange or the Macmillan Support Line interchange might send you to a specific Macmillan department, a Government department or put you in touch with your local community centre – or anywhere else they think might be able to help you on your journey to improve cancer services.

## Getting involved

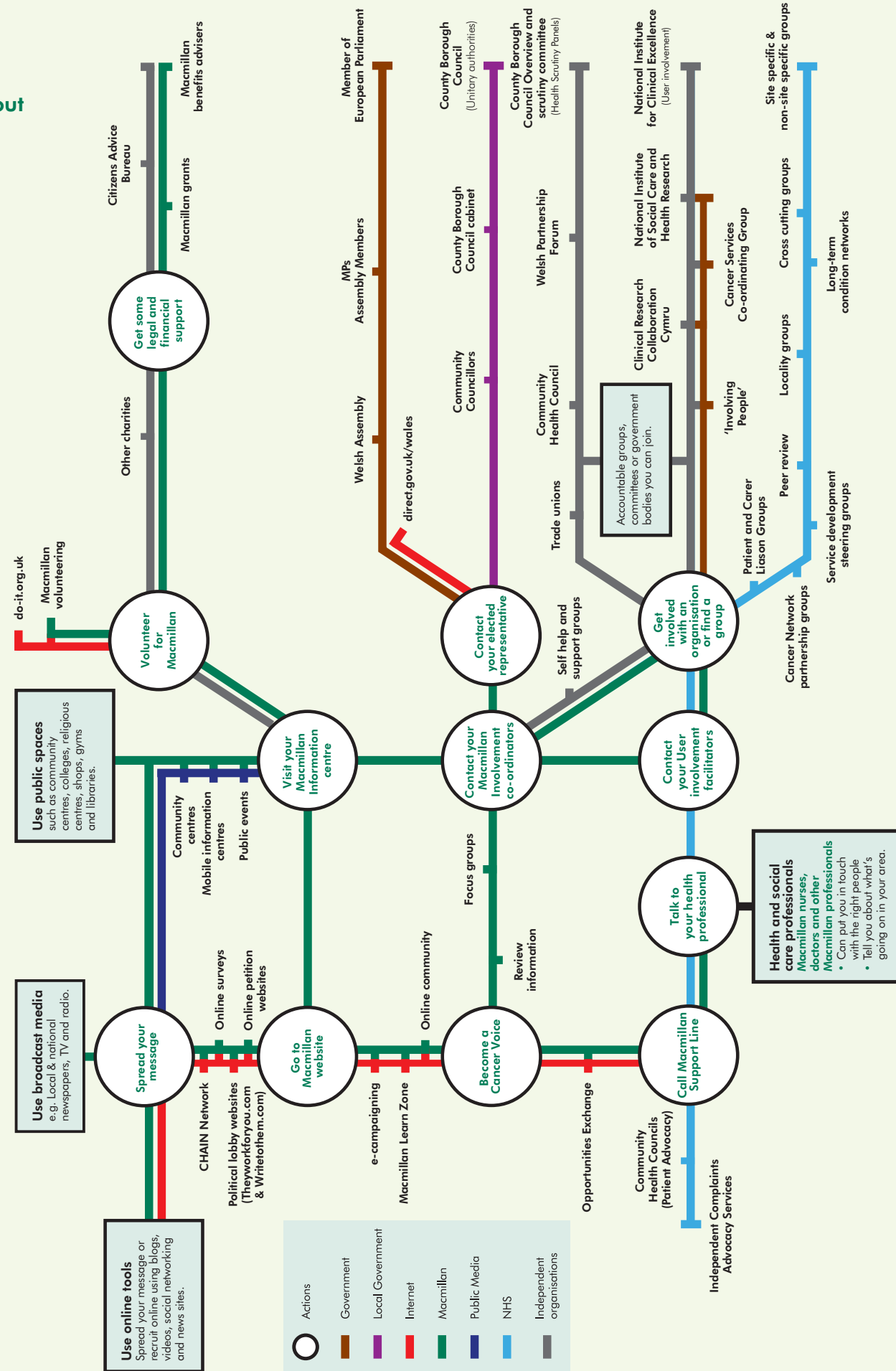
There's no right or wrong answer about the best place to start getting involved. This diagram has been designed to show you all the ways you can get involved and to remind you that if one path doesn't work, there's always another way.



# WAYS OF GETTING INVOLVED IN WALES



Handout



20 minutes



## FROM IDEA TO ACTION

### Summary

Analyse the typical starting points and stages of user involvement

### Objectives

By the end of this session, group members will be able to:

- Identify the process to follow through before engaging in user involvement.
- Accept that barriers are part of user involvement, not the end and plan how to overcome them.

### Session equipment/materials

- Handouts – Stages of Involvement
- Barriers
  - Different tactics and climbing the ladder
  - Overcoming barriers to involvement

Only use handouts that are needed

**Key learning point – it's not the barriers you face, but how you overcome them that measures success.**

### Small group activity

Using the 'Stages of Involvement' handout or 'climbing the ladder of involvement', ask participants to identify which stage or level they are at. Discuss in their group why they are at that stage or level, ask what the last thing they did was and what the barriers might be to the next step.

Give out the 'Barriers' handout and ask members of the group to read out to each other the statements and ask if they agree or disagree with them. Then ask the groups to discuss how they would overcome the barriers (including what has worked for them in their previous experience).

Depending on the group's level of experience – ask them to discuss the 'Overcoming barriers to involvement' handout or fill out the 'Different tactics and climbing the ladder' handout.





### Group discussion

Ask groups to feedback their discussions.

Summarise group learning emphasising the following points:

- There are clear stages to examine before you can begin user involvement:
  - What do you want to achieve
  - Where can you find out more
  - What can you offer
  - Knowing when you are ready (emotionally/time commitment wise)
  - Knowing when you've done enough.
- Barriers are a natural part of any process – it's not the barriers you face but how they are overcome that measures success.

### Outcome

Group members will understand that the road to change may not be straightforward but that many obstacles can be overcome.

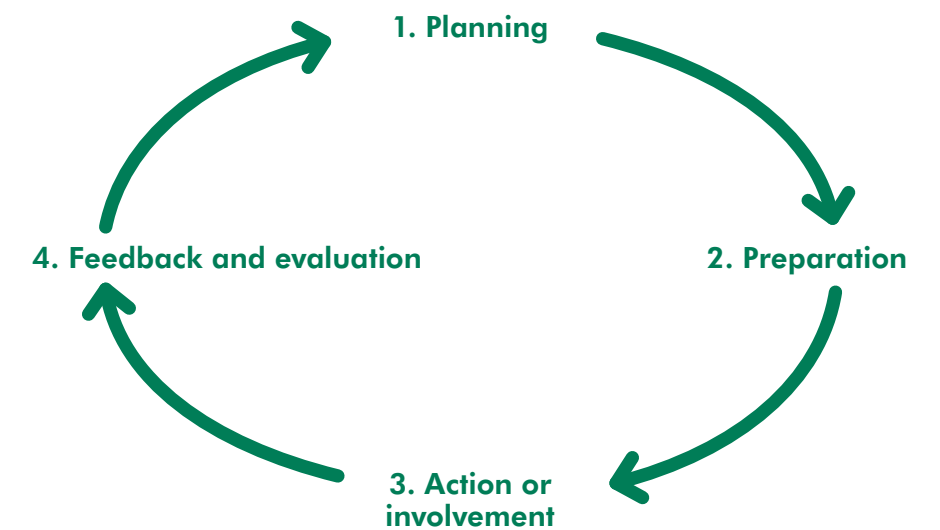
## STAGES OF INVOLVEMENT



### Handout

It starts with an idea/experience/desire to improve

### Involvement and partnership working – four key steps



1. Decision to get involved and planning
2. Preparation and expectations
3. Action (big or small) or involvement
4. Evaluation and feedback

Some important early questions to ask are the following:

- Why do I want to get involved?
- What are my expectations?

The next questions to ask yourself can be:

- What do you want to achieve?
- Where can you find out more?
- What can you offer?
- Are you ready (emotionally/time commitment)?

# BARRIERS



## Handout

Read these statements from health professionals and people affected by cancer who are involved with user involvement. Do you agree or disagree with the statements?

‘Patients don’t have as valuable views as health professionals.’

‘If health professionals are experts in the medical sense, users are experts in terms of having received the treatment and the services and this qualifies our voice.’

‘A successful campaign should appeal to the rational and be supported by the emotional and not the other way round.’

‘Credibility and respect is crucial to get your way.’

‘Users’ ability to influence is limited because it is undervalued.’

‘All the NHS User involvement groups do is just tick a box.’

‘I think it’s significant that when doctors are trained, they’re told that user involvement is often a significant part of people’s personal handling of their cancer and a main motivation for their involvement. I worry professionals might see users as being emotionally led and not rational.’

‘Patients are perhaps under the illusion that their opinion and experience is a priority within the NHS. The task of the Health service is to treat, cure and prevent illness with minimum suffering and limited resources. At the bottom of the whole list of priorities is patient experience. This will never be positioned above the other priorities, nor should it. While the NHS works to include these opinions, and is legally bound to, it is the individuals and groups who must work hard (and often together) to create a coherent voice to improve services.’

‘Everyone thinks what they think because of their own unique experience. They wouldn’t think what they did unless they had experienced what they had.’

**Finally** – the Dalai Lama is credited with saying ‘When you lose, don’t lose the lesson.’

## Common concerns surrounding user involvement

### A perceived lack of credibility imposed on groups:

‘I’m not certain what we influence directly. I don’t think we can point to anything. I still think there is a bit of a divide between the rest of the staff in the higher echelons and the user group. It is a bit of an invisible link. So we are like passive recipients of these things.’

#### Person involved in palliative care

‘What I’m not certain about is whether you are just a voice in the wilderness. You voice some concern about some aspect of cancer services and someone assures us that it goes along to the management teams and gets taken on board but I’m not entirely sure that it does’

#### Member of hospital cancer services user group

**Both professional members and lay members of partnership groups saw the NHS as complex and with a tendency to pay lip service to user involvement:**

‘The Health Service... part of the whole user involvement agenda is actually paying lip service I think. You know it’s like the restaurant who says ‘leave your comments on this card’; they get them all and they just put them in the bin. At face value it looks as if you’re consulting people, but the reality is actually either you’re not really interested or you actually just can’t do what they want you to do because the Health Service doesn’t work like that ’

#### Network Director

The barriers I think are largely because there is a view that we’re dealing with a top down approach. Though there is this lip service paid to patient involvement’

#### Member of partnership group

**Many people also described how the long timescale for change was a difficult issue:**

‘I think they’re beginning to see that some of the things they’ve said we’ve taken on board and are actually following through to make it happen. I think the frustrating thing for them is that it takes so long to make it happen. And they don’t see it happening instantly.’

#### NHS Facilitator

*Material taken from ‘Making User Involvement Effective’ – a study conducted for Macmillan by the University of Southampton, the University of Lancaster and Brunel University*

*Cotterell, P., Morris, S., Harlow, G., Morris, C. & Beresford, P. (2009) Making Involvement Effective: Lessons from Cancer Care. London, UK: Macmillan Cancer Support*

# DIFFERENT TACTICS FOR INVOLVEMENT



## Handout

**“It is movements that make leaders and not leaders movements.”**

George Orwell, *The Lion and the Unicorn*

It is important to stress that NHS user involvement can be effective, but alternative methods are sometimes needed to improve services. NHS user involvement is funded and run by the NHS – it can only be effective to a certain extent on some issues. A good example is Macmillan’s work with the Welsh Assembly to improve cancer services (see below).

In Wales, a Cancer strategy was published by the then Government in 2006. Five years later, it became apparent that Wales needed a new Governmental strategy to deal with the wider needs of cancer patients throughout and beyond treatment. Prior to the National Assembly elections in Wales in 2011, Macmillan also had evidence to suggest that cancer services were patchy and inconsistent, not always cost-effective and were sometimes not meeting people’s needs.

The need for a comprehensive, patient centred strategy became apparent through meeting groups and individuals affected by Cancer, carers, and health professionals. Macmillan ran an event for service users. They were asked what their priorities were for improving cancer services. These then became the basis for Macmillan’s manifesto election calls. Macmillan then worked with these individuals to co-create election calls and influence campaign strategies. Macmillan co-ordinated a successful campaign using public media (including items on BBC Wales news), used social networks to share videos and asked e-campaigners and individuals to contact their elected representatives. The four main political parties in Wales echoed our election calls in their 2011 National Assembly for Wales election manifestos. Welsh Labour (who subsequently won the 2011 election and formed the Welsh Government) included all of Macmillan’s calls in their Manifesto, and stated that they would work with Macmillan in Wales to create and implement a comprehensive and patient centred strategy for Cancer services.

Macmillan are currently working with the Welsh Government to support them in achieving their manifesto aims and could not continue this work without the support of individuals and groups across Wales.

## What we can learn from this example is:

- If you see something as changeable, or able to be improved – but it feels like no one else does, change your tactics.
- If those who are in a position to improve something can’t or won’t change anything, then you may begin to feel lost or frustrated – change your tactics.

This is where skills in creative thinking and ‘holistic’ problem solving can be helpful.

## When is it appropriate to use different tactics?

- If something is urgent and is not being dealt with
- If you have tried all other options.

## If it feels like you’re fighting the system, or that everyone you speak to thinks it’s impossible to improve a situation then it’s time to change your tactics:

- Hold people to account by getting things in writing.
- Don’t be afraid to go above heads – if people are not responding – write to their manager about the issue.
- A well worded and courteous formal written complaint can go a long way. Most organisations have official protocol for handling complaints which means they legally must be dealt with.
- Involving the local press and media can be very effective.
- Starting a group on a social media site such as Facebook can help organise a group.
- Online petitions can be advertised using the previous two methods.

The best campaigns do not use just one of these methods, but two or more. Co-ordinating and joining up a campaign is complex, but when done well, highly effective. Organisations such as Macmillan can offer much support for all kinds of campaigns. It’s always worth getting in touch and seeing what support is available.

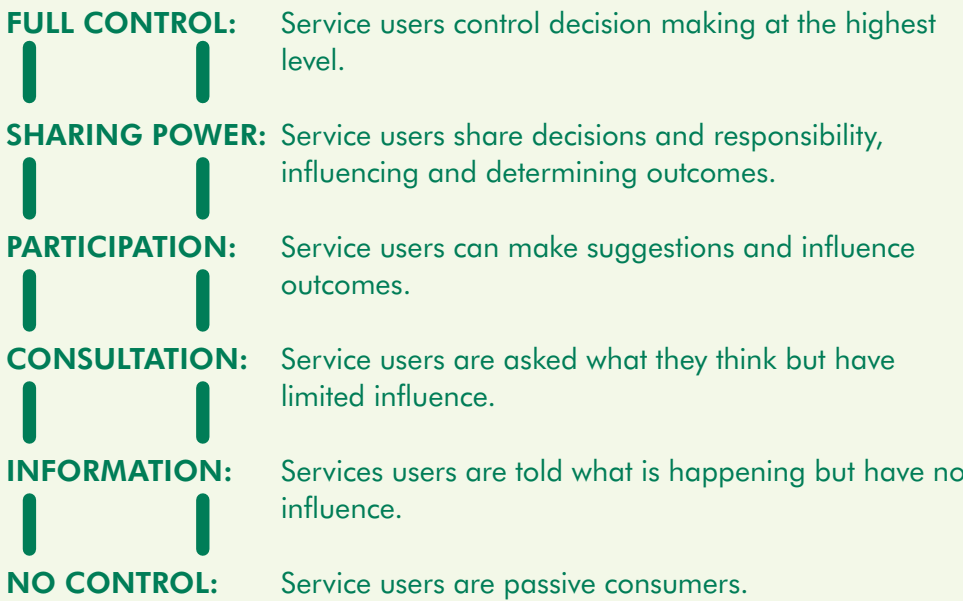
**Remember – if you think something changeable is unchangeable – it becomes so.**

# CLIMBING THE LADDER OF INVOLVEMENT



Handout

The Ladder of Participation is a model that can be used to examine where you are in terms of service user involvement now and where you want to be in the future:



It is important to establish where you or your group are positioned on this ladder and to try and come up with ways of gaining more control.

Write what rung of the ladder you think you are on now:

Write some ideas about other ways you could influence services and decisions about services:

# OVERCOMING BARRIERS TO INVOLVEMENT



Handout

Here are some common things people often perceive as barriers to effective involvement:

- 1. Health professionals are not interested in patient views.
- 2. Health professionals are too busy to listen.
- 3. I never see any change!
- 4. Nothing ever happens, people love to agree to things and appease. It gratifies both sides but nothing gets done.

One Nurse Director summed up user involvement within the NHS: ‘it’s about getting patients to understand user involvement is an evolving process... the change takes ten plus years...it takes a while to understand the culture.’

## So why get involved?

There are many powerful reasons for involving and consulting patients and the public, but objections are still often raised against it. It is helpful to recognise these issues so that they can be dealt with if they arise.

Here is a list of arguments that are commonly used and some responses to them.

### It isn’t fair to burden people who may be disadvantaged or experiencing difficulties

Recognise that sometimes people will not want to be involved and that it should always be a choice. However, the evidence suggests that most people, whatever circumstances they are in, would like a greater say in their lives and the services they receive. In some cases, involvement has been proven to benefit a sense of well-being.

### What people really want are decent services rather than having a say in them

NHS organisations need to enable people to get involved if they are to know what people want and what will best meet their needs. A famous involvement activist slogan is ‘nothing about us without us’.

### We don’t want to raise people’s expectations unrealistically

Tell people clearly and simply what involvement is possible, what is on offer, what resources are available and what difference they can make. People are quite capable of understanding practical problems and constraints as long as the organisation is open and honest about them.



## Handout

### There just aren't the resources

Involving people doesn't have to mean more money has to be spent on delivering services, but it will certainly result in using what resources there are more appropriately. Attitude change is free!

### People are too apathetic or disinterested to get involved

It is easy to mistake people's exclusion and powerlessness for apathy. It is more important to remember that being on the receiving end of a service can inhibit people's expectations and lead them into dependent roles and relations. This is particularly pertinent for end of life care.

If people do not respond to invitations to get involved it's important to look closely at your approach – it's up to you to demonstrate that the involvement you are offering is not 'just another token effort'.

### Patients and members of the public who do get involved are often unrepresentative

Unrepresentative of whom or what? Patients and members of the public usually bring their own experiences to the debate. Unless they are speaking on behalf of a patient's group or an established forum they are rarely able to represent the collective views of others. Questioning people's right to be involved can serve as an excuse for continuing to exclude them – representativeness is a double standard that is usually only applied to patients and carers.

### Patient and public involvement means criticising and checking up on staff

Giving power to patients and the public does not have to mean taking it away from staff, involvement is concerned with changing the nature of the relationship between participants which can have benefits for everyone.

### Involving people creates delays and inefficiencies

Making the wrong decision quickly makes less sense than taking time to involve patient and the public in making the right one. The more time you spend with people trying to get things right, the less you will have to waste trying to sort out mistakes.

### It is not really possible to involve children, young people or people with impaired cognitive ability

Children can express their preferences about how they are treated and what they want from a very early age and they should be listened to. Different children of different ages may be involved in different ways to different degrees – but then the same is true of adults.

The vulnerability of children's rights and people with impaired cognitive ability is an added reason for involving them and making sure this is done with sensitivity and support.

(Strengthening Accountability, Practice Guidance Section 7, Department of Health, 2003)



30 minutes

## WHAT CAN I OFFER?

### Summary

An exercise to help individuals identify key strengths and valuable experience

### Objectives

By the end of this session, group members will be able to:

- Identify the skills, knowledge and experience that are needed to take forward their issue in hand.
- Decide what strengths and what skills and knowledge they would like to develop.

### Session equipment/materials

Flipchart and marker pens  
Handouts – Skills and Knowledge grid

**Key learning point – you don't need to know everything just where to find out more**



### Small group activity

Using the issue/idea from the 'How users make a difference' session, ask participants to identify the skills and knowledge that would be needed to take it forward. Give the groups the 'Knowledge and skills grid' handout:

During the discussions, talk with the groups to emphasise that each person in the room brings with them a lot of skills and knowledge already – in many cases, they just need to be utilised.



**Group feedback**

Ask the groups to feedback on their discussions.

Go through the areas in which people would like to develop and discuss the different ways this could be achieved – emphasise that knowing everything is not necessary, it’s more important to know where to go to find out more.

**Note** – you may need to provide specific information with examples of local and national Macmillan training opportunities that can be accessed.

**Putting into practice** – ask participants to write down at least one thing they will do to broaden their skills and/or knowledge about the issues they would like to change.

**Outcome**

Group members will recognise that proceeding with their issue may require a range of skills and knowledge but they may already possess more than they recognise.

# KNOWLEDGE AND SKILLS GRID



Handout

Knowledge is information you have in your head; a skill is the ability to use knowledge to achieve something.

Skills	Knowledge
Skills I already have (for example driving, speaking English)	Knowledge I already have (for example a knowledge of my community or local information resources)
Skills I have that I would like to develop (for example talking to people affected by cancer)	Knowledge I would like to develop (for example an understanding of cancer and its treatments)
Skills I don't have but might need (for example using the internet to communicate)	Knowledge I might need (for example a knowledge of funding opportunities)



# CHOOSING THE WAY FORWARD



20 minutes

### Summary

How to make a plan of action

### Objectives

By the end of this session, group members will be able to:

- Make a personal action plan.

### Session equipment/materials

Handout – Action Plan

**Key learning point – setting a clear plan for action can help make change happen**



**Activity in pairs** – note those they have not worked with before. Using the ‘Action plan’ sheet, work out a plan for taking forward the issue identified in the ‘How users make a difference’ session. Before giving feedback to the group, suggest the pair swap actions plans or exchange contact details and agree to catch up with each other at a set date to see how they are getting on with their goals (if people are reluctant to do this, then offer to contact them yourself).



### Group discussion (feedback)

Ask each participant to feedback their partner’s action plan to the rest of the group.

Summarise group learning emphasising the following points:

- Setting a plan and sticking to it is a powerful tool for individuals.
- Sometimes the next step is simply finding out more information or where to find that information.
- Macmillan offers a number of ways to support the next stages.

### Outcome

Group members will be able to set a plan for action that can set them on the road of getting involved in improving cancer services for everyone.



Handout

# ACTION PLAN

What I would like to achieve is...

The next action I should take to achieve this is...

The result of this action might be...

Some other actions I can take to achieve this are...

I can get support from...

Some challenges I might face could be...

I could overcome these barriers by...

By this date \_\_\_\_\_ I will have...

Fill out swap sheet, tear out and hand to your facilitator

### Action plan swap sheet

Name \_\_\_\_\_

Contact me by phone or email or post: \_\_\_\_\_

By this date I will have...



NOTES

Macmillan Cancer Support improves the lives of people affected by cancer. We provide practical, medical, emotional and financial support and push for better cancer care.

One in three of us will get cancer. Two million of us are living with it. We are all affected by cancer. We can help. We are Macmillan.

Questions about living with cancer?  
Call the Macmillan Support Line free on  
0808 808 00 00 (Mon–Fri 9am–8pm)

Alternatively, visit [macmillan.org.uk](http://macmillan.org.uk)  
Hard of hearing? Use textphone  
0808 808 0121, or Text Relay.  
Non English speaker? Interpreters available.

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